

FORM SUMMARY

Name of Form	Statement of Petition for Review of Admission
Form Number	ME-921

Statutory Reference	§51.13(4)(a), Wisconsin Statutes
Benchbook Reference	MH 1-9
Purpose of Form	This form initiates the review of a voluntary admission of a minor to an approved inpatient treatment facility for the primary purpose of treatment for mental illness, developmental disabilities, alcoholism, or drug abuse.
Who Completes It:	This form must be completed, signed and filed by the treatment director (or designee) who detains the minor patient at the approved treatment facility.
Distribution of Form	The <u>original</u> document must be filed by the treatment director (or designee) with the court in the county where the minor patient is present or the county of residency of the minor patient. A copy must be provided to the minor and minor's parent(s) or legal guardian(s). A copy should be retained by the treatment facility.
Accompanying Forms:	Application for admission and relevant professional evaluations.
New Form/Modification:	
Modifications:	Added a checkbox, "The developmentally disabled minor's stay will exceed 12 days."
Comments:	To comply with 2006 Wisconsin Act 444.
About this Form:	<p>This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.</p> <p>If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.</p>